

Sp. No. 2
M-2.43
5-17-39
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24430

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 840

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
4 weeks
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1722 So. 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doris Bell Penland

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>4</u>	<u>27</u>	hr. min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Jesse Nelson Penland

13. Birthplace Corbin Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Mae Shoemaker
(City, town, or county) (State or foreign country)

15. Birthplace St Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse N. Penland

(b) Address 1722 So. 9th

17. (a) Burial (b) Date thereof 7-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St.

19. (a) 7-26-43 (b) Rose Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6/27/39 to 7/24/43, 1943
that I last saw him alive on 7/24/43, 1943
and that death occurred on the 24th day and hour stated above.

Immediate cause of death Shock Duration 10a

Due to Open Reduction of Fract. of Femur

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1700-8

Major findings: Of operations 2!

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Auto Acc.

(b) Date of occurrence 6/27-43 131

(c) Where did injury occur? St Joseph, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
While at work? _____ (Specify type of place) (e) Means of injury Auto

23. Signature ATR [Signature] (M. D. or other)

Address St Joseph, Mo Date signed 7/26/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert H. Yapple

Licensed Embalmer No. _____

3308

P. O. Address _____

St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.